

(December 1985)

COAL MINING AND RECLAMATION OPERATIONS FOR 1985  
(Authority UMC 784)

(Must be submitted to the Division by March 31, 1986)

State of Utah  
Department of Natural Resources  
Division of Oil, Gas and Mining  
3 Triad Center, Suite 350  
355 West North Temple  
Salt Lake City, Utah 84180-1203  
(801) 538-5340

Operator: GENWAL COAL COMPANY  
Mine Name: CRANDALL CANYON MINE  
Mailing Address: P.O.BOX 1201 HUNTINGTON, UTAH 84528  
Company Representative: CHARLES H. GENT JR.  
Permit No.: ACT 015/032  
Date of Permanent Program Permit: MAY 13, 1983  
Quantity of Coal Mined (tonnage) 1985: 241,602 TONS

Attach Most Recent Certificate of Insurance.

Attach Updated Mine Sequence Map.

All monitoring activities during the report period must be submitted with this report: (including, but not limited to)

- A. Water Monitoring Data
- B. Precipitation Data
- C. Subsidence Monitoring
- D. Vegetation Data (test plots) or Revegetation Success Monitoring (includes interim and final)
- E. Permit Stipulation Status

- A. Annual water monitoring data has already been submitted to Wayne Hedburg of your office back in March of this year.
- B. No precipitation data has been collected during the 1985 reporting year, however a rain gauge is anticipated to be installed during the 1986 monitoring year and results will be forth coming.
- C. Genwal Coal Company entered into an agreement with the Forest Service for aerial monitoring of subsidence. Genwal set out the targets and the forest service flew the areas, however we have not received the information to date. This information will be kept on file and reported with the next annual report.
- D. No data was collected on vegetation plots or interim reclamation. The topsoil stockpiles were reseeded, bermed and fenced, success will be determined this year.
- E. Genwal Coal Company has been actively revising there outside facilities design to comply with the existing stipulations and eliminate others.



# INSURANCE BINDER

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

Binder No. POLICY# 11-8  
EGACM1544585

NAME AND ADDRESS OF AGENCY

PRICE INSURANCE AGENCY  
P.O. BOX 871  
PRICE, UTAH 84501  
  
801-637-3351

COMPANY

AIG ENERGY (NATIONAL UNION FIRE)

Effective 10:30am 12-6 .1985  
Expires ☐ 12:01 am ☒ Noon 02-06 .1986

☐ This binder is issued to extend coverage in the above named company per expiring policy # \_\_\_\_\_ (except as noted below)

NAME AND MAILING ADDRESS OF INSURED

GENWAL COAL CO., INC.  
P.O. BOX 1201  
HUNTINGTON, UT 84528

Description of Operation/Vehicles/Property

Type and Location of Property		Coverage/Perils/Forms	Amt of Insurance	Ded.	Coins.
PROPERTY	Type of Insurance	Coverage/Forms	Limits of Liability		
			Each Occurrence	Aggregate	
LIABILITY	<input type="checkbox"/> Scheduled Form <input checked="" type="checkbox"/> Comprehensive Form <input checked="" type="checkbox"/> Premises/Operations <input checked="" type="checkbox"/> Products/Completed Operations <input checked="" type="checkbox"/> Contractual <input checked="" type="checkbox"/> Other (specify below) BR. FORM G.L., "X" <input type="checkbox"/> Med. Pay. \$ _____ Per Person \$ _____ Per Accident <input checked="" type="checkbox"/> Personal Injury	CLAIMS MADE  <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Bodily Injury \$ _____ Property Damage \$ _____ Bodily Injury & Property Damage Combined \$1,000,000 Personal Injury \$ _____	\$ _____	\$1,000,000
	AUTOMOBILE	<input type="checkbox"/> Liability <input type="checkbox"/> Non-owned <input type="checkbox"/> Hired <input type="checkbox"/> Comprehensive-Deductible \$ _____ <input type="checkbox"/> Collision-Deductible \$ _____ <input type="checkbox"/> Medical Payments \$ _____ <input type="checkbox"/> Uninsured Motorist \$ _____ <input type="checkbox"/> No Fault (specify): <input type="checkbox"/> Other (specify):		Limits of Liability Bodily Injury (Each Person) \$ _____ Bodily Injury (Each Accident) \$ _____ Property Damage \$ _____ Bodily Injury & Property Damage Combined \$ _____	

☐ WORKERS' COMPENSATION — Statutory Limits (specify states below)

☐ EMPLOYERS' LIABILITY — Limit \$ \_\_\_\_\_

## SPECIAL CONDITIONS/OTHER COVERAGES

\$5,000 P.D. Liability Deductible, \$100,000 P.D. Limit on "X" coverage, Defense costs included in limit, 2Yr "tail" discovery, minimum earned 25%; minimum annual premium, \$25,000: Composite rate: \$2.95/\$100 payroll Estimated annual and deposite (auditable) \$28,018.00-30 day payment plan

NAME AND ADDRESS OF ☐ MORTGAGEE ☐ LOSS PAYEE ☐ ADD'L INSURED

LOAN NUMBER

Roy A. Nikas 12-6-86

Signature of Authorized Representative

Date



# CERTIFICATE OF INSURANCE

GET TAB STOPS AT ARROWS  
ISSUE DATE (MM/DD/YY)

12-06-85 II-8

## PRODUCER

Price Insurance Agency  
P.O. Box 871  
Price, Ut 84501

637-3351

## INSURED

GENWAL COAL CO., INC.  
P.O. BOX 1201  
HUNTINGTON, UT 84528

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	AIG ENERGY (NATIONAL UNION FIRE
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

## COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
						EACH OCCURRENCE	AGGREGATE
A	<b>GENERAL LIABILITY</b>	EGACM 154 4585	12-6-85	12-6-86	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				BI & PD COMBINED	\$ 1,000,	\$ 1,000
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS				PERSONAL INJURY	\$	
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE						
	<input checked="" type="checkbox"/> PERSONAL INJURY						
	<b>AUTOMOBILE LIABILITY</b>				BODILY INJURY (PER PERSON)	\$	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PD COMBINED	\$	
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> GARAGE LIABILITY						
	<b>EXCESS LIABILITY</b>				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM						
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY		
					\$ (EACH ACCIDENT)		
					\$ (DISEASE-POLICY LIMIT)		
	<input type="checkbox"/> OTHER				\$ (DISEASE-EACH EMPLOYEE)		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

## CERTIFICATE HOLDER

STATE OF UTAH  
DIVISION OF OIL, GAS & MINING  
SLC, UTAH

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ROY A. NIKAS



P. O. BOX 1807  
WALL STREET STATION  
NEW YORK, NEW YORK 10005

Division of AIG Speciality Agencies, Inc.

ITEM II-8

CERTIFICATE OF INSURANCE  
2-1-86

BINDER

INSURED  
NAME  
AND  
ADDRESS

GENVAL COAL COMPANY  
P.O. BOX 1201  
HUNTINGTON, UT 84528

PRODUCER  
NAME  
AND  
ADDRESS

PRICE INSURANCE AGENCY  
P.O. BOX 871  
PRICE, UT 84501-0871  
ATTN: ROY NIKAS

DESCRIP-  
TION OF  
OPERATION  
PROPERTY  
VEHICLES

COAL MINE-UNDERGROUND

- ☐ American Home Assurance Company  
☐ National Union Fire Insurance Company  
☐

PROPERTY

Type and Location of Property

Coverage/Perils/Forms

Amt. of Insurance

Ded.

Coins. %

LIABILITY

Type of Insurance

Coverage/Forms

LIMITS OF LIABILITY  
Each Occurrence

Aggregate

☐ SCHEDULED FORM ☒ COMPREHENSIVE FORM

☒ PREMISES/OPERATIONS

☐ PRODUCTS/COMPLETED OPERATIONS

☒ CONTRACTUAL

☐ OTHER (Specify Below)

☒ MED. PAY. \$ 5000.

ea. Person

ea Occurrence

☒ PERSONAL INJURY ☐ A ☐ B ☒ C

CLAIMS  
MADE  
FORM  
\$5000. PER  
CLAIMS DED.  
DEFENSE COST  
INCLUDED IN  
AGGREGATE

BODILY INJURY  
PROPERTY  
DAMAGE

\$

\$

BODILY INJURY  
& PROPERTY  
DAMAGE  
COMBINED

\$

\$

\$ 1,000,000.

\$ 1,000,000.

AUTOMOBILE

Coverage/Forms

LIMITS OF LIABILITY  
PERSONAL INJURY

☐ LIABILITY ☐ NON-OWNED ☐ HIRED

☐ COMPREHENSIVE - DEDUCTIBLE \$

☐ COLLISION - DEDUCTIBLE \$

☐ MEDICAL PAYMENTS \$

☐ UNINSURED MOTORIST \$

☐ NO FAULT (Specify)

☐ OTHER (Specify)

BODILY INJURY  
BODILY INJURY  
Property Damage

\$

EACH PERSON

\$

EACH ACCIDENT

\$

BODILY INJURY  
& PROPERTY  
DAMAGE  
COMBINED

\$

\$

☐ WORKERS COMPENSATION - Statutory Limits  
(Specify States below)

☐ EMPLOYERS' LIAB. - LIMITS

SPECIAL CONDITIONS/OTHER COVERAGE: 100,000. SUBLIMIT "X"; EXCLUDES ALL  
POLLUTION, WORKERS COMPENSATION, OR ANY STOP GAP COVERAGES, HAZ-  
ARDOUS SUBSTANCE REMEDIAL ACTION

Insurance applies only to those perils and/or coverages indicated and is subject to the terms, conditions and limitations of this company's standard policies and forms. This binder is effective at the exact hour and date shown below and shall expire 60 days following said effective date. This binder is cancelled when replaced by a policy. This binder may be cancelled in accordance with standard policy conditions by the insured, by surrender of this binder or by written notice to the company stating when cancellation will be effective. This binder may be cancelled by the company by notice to the insured in accordance with the standard policy conditions. There shall be no flat cancellation penalties. CONDITIONS AND POLICY FORMS SUBJECT TO INSURANCE DEPARTMENT APPROVAL

Subject to the condition above the Company hereby binds the insurance applied for to become effective as of

☒ 12:01 A.M. DECEMBER 6, 1985  
☐ P.M.

MONTH DAY YEAR

DATE ISSUED